



# CITY OF HOUSTON

## Fire Department

Sylvester Turner

Mayor

Rodney West  
Interim Fire Chief  
600 Jefferson St., 7<sup>th</sup> floor  
Houston, Texas 77002

### Immunization Requirements – Revised July 12, 2016

All Houston Fire Department applicants **shall** submit copies of the following immunization/shot records to the HFD Infection Control Office in person, by fax (832) 394-6890 or by email [hfdinfectioncontrol@houstontx.gov](mailto:hfdinfectioncontrol@houstontx.gov). HFD Infection Control can be reached by telephone at (832) 394-6802 and (832) 394-6846. All immunizations must follow a CDC-approved schedule. All labs must be performed by accredited laboratories.

Proof of these immunizations/tests will be required prior to the applicant receiving a conditional job offer. Conditional job offers are issued by HFD recruiters.

### Hepatitis B

Certified applicants must submit a completed Hep B series (usually 3 vaccines). Non-Certified applicants must submit proof of at least 2 vaccines. **All vaccines must be given on a CDC approved schedule.** Hepatitis B vaccines **do NOT** expire. A positive Hepatitis B Surface Antibody Titer is accepted for both Certified and Non-Certified applicants. If the titer is negative, or shows that the applicant is not immune, then appropriate proof of Hep B vaccination is required.

- ☐ Hepatitis B Vaccine #1
- ☐ Hepatitis B Vaccine #2
- ☐ Hepatitis B Vaccine #3 (**Certified Only**)

#### Non-Certified

- At least 2 Hepatitis B vaccines  
OR a positive titer.

#### Certified

- At least 3 Hepatitis B vaccines  
OR a positive titer.

Or

- ☐ Positive Hepatitis B Titer (Blood Draw)

### Tetanus, Diphtheria and Pertussis (Tdap)

All applicants must have an adult dose of Tetanus, Diphtheria, and Pertussis (TDaP). If the Tdap vaccine is older than 5 years, the applicant will need an updated tetanus vaccine (Td or Tdap).

- ☐ Tdap

- Must be an **ADULT** dose.
- If your Tdap vaccine is older than 5 years, you will need a Tetanus booster. It can be either Td [tetanus and diphtheria] or Tdap.

#### **ONLY IF TDAP IS OLDER THAN 5 YRS:**

- ☐ Tetanus Booster within 5 Years

### Measles, Mumps, Rubella (MMR)

All applicants must submit proof immunity to MMR. Applicants can submit proof of 2 doses or MMR Vaccine, or have a titer (blood draw) to test for immunity. MMR vaccines **do NOT** expire. If the titer is negative, or shows that the applicant is not immune, then proof 2 doses of MMR vaccine is required.

- ☐ MMR Vaccine #1
- ☐ MMR Vaccine #2

- Each dose of MMR must be at least 28 days apart.
- **MMR vaccine is a live virus vaccine and can interfere with other live virus vaccines (Varicella) and TB testing.** If you need MMR vaccine(s) **AND** Varicella vaccine(s) or TB testing please contact Infection Control for instructions.

Or

- ☐ Positive MMR titer (blood draw)

### Varicella (Chicken Pox)

All applicants must submit proof of immunity to Varicella. Applicants with no history of chickenpox will need proof of 2 doses of Varicella Vaccine. Varicella vaccines do **NOT** expire. Applicants who have had chickenpox can have a titer (blood draw) from an accredited lab confirming immunity to Varicella. This test can only reliably show immunity for applicants who have a history of the disease. If the titer is negative, or shows that the applicant is not immune, then proof of 2 doses of Varicella vaccine is required.

- ☐ Varicella Vaccine #1
- ☐ Varicella Vaccine #2

Or

- ☐ Positive Varicella titer (Blood Draw)

- Each dose of Varicella must be at least 28 days apart.
- **Varicella vaccine is a live virus vaccine and can interfere with other live virus vaccines (MMR) and TB testing.** If you need Varicella vaccine(s) **AND** MMR vaccine(s) or TB testing please contact Infection Control for instructions.

### Tuberculosis (TB) Testing

All applicants must submit proof of approved TB testing (skin test or blood) completed within the last 6 months. **If positive, applicant must submit chest X-ray interpretation and shall provide written documentation from his/her physician attesting to non-communicability.**

- ☐ Negative TB skin test #1
- ☐ Negative TB skin test #2

Or

- ☐ Negative TB blood test

#### Skin Test

- Test #1 and Test #2 must be placed:  
**No more than one 1 year apart.**  
**No less than 7 days apart.**
- Test #2 must be within 6 months of the completion of the applicant's immunization requirements.

#### TB Blood Test

- Must be within 6 months of the completion of the applicant's immunization requirements.

**ONLY IF TEST IS POSITIVE:**

- ☐ Negative Chest X-ray

Houston Area Clinics										
Clinic Name, Address & Phone	Hours	Hep-B	Hep-B Titer	Tetanus- Diphtheria (Td)	TDaP	TB Test (TST)	Chest X-Ray	Measles, Mumps, Rubella (MMR)	Varicella	Varicella Titer
<b>Harris County Health (4 Clinics)</b>										
1730 Humble Place Dr. (Humble)	Appt. Only Call: (713)212-6800									
5815 Antoine, Suite A (Houston)	M-F 8a-5p	\$15	---	---	\$15	\$5	---	\$15	---	---
<b>Concentra Medical Centers</b>										
(713)223-0838	2004 Leeland	\$70	\$76	\$43	\$81	?	\$61	\$75	\$117	---
<b>Occucare</b>										
(713)802-0801	5151 Katy Fwy #170 (@ TC Jester)	\$75	\$15	\$50	\$60	\$18	\$30	\$80	\$120	\$40
<b>Passport Health Houston</b>										
(713)467-6575	9601 Katy Fwy #250									
	M-F 9a-5p Hours May Vary Call for Appointment	\$90	\$60	\$50	\$75	\$35	\$75	\$95	\$140	\$65
<b>Express Family Clinic</b>										
281-742-0624	610 Rayford Rd. #644	\$25	\$25	---	\$25	\$15	---	\$40	\$40	\$25
<b>Any Lab Test Now</b>										
(281) 888-5293	2282 W Holcombe Blvd.									
(713) 869-5526	2902 N. Shepherd Dr., Suite E									\$49
(713) 266-7900	5901 Westheimer Rd, Suite W									

This list is provided by HFD Infection Control as a reference. Immunizations and tests do not have to be performed at the above clinics.

**ALL PRICES ARE SUBJECT TO CHANGE. CALL AND VERIFY LOCATIONS, COSTS AND HOURS OF OPERATION**

# HFD APPLICANT

Houston Fire Department-Infection Control  
EMS Headquarters  
600 Jefferson, 8<sup>th</sup> Floor  
Houston, TX 77002

## Fax

To: \_\_\_\_\_ From: \_\_\_\_\_  
Fax: 832-394-6890 \_\_\_\_\_ Pages: \_\_\_\_\_  
Phone: 832-394-6846 \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Information Needed:

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Civil Service Rank: \_\_\_\_\_ Recruiter: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Certified Fire/EMT or Non-Certified: \_\_\_\_\_

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